



1713

Please type a plus sign inside this box

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/786,325	
	Filing Date	March 2, 2001	
	First Named Inventor	Yoshiki Nakagawa	
	Group Art Unit	1713	
	Examiner Name	B. Lipman	
Total Number of Pages in This Submission	1	Attorney Docket Number	21581-00255-US

RECEIVED
DEC 31 2002
TC 1700

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	CONNOLLY BOVE LODGE & HUTZ, LLP Burton A. Amernick - 24,852	
Signature		
Date	12-27-02	



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/786,325-Conf. #8453
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	June 11, 2002
110.00		First Named Inventor	Yoshiki Nakagawa et al.
		Examiner Name	Bernard Lipman
		Group Art Unit	N/A
		Attorney Docket No.	21581-00255-US
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 22-0185		Fee Code Fee (\$) Fee Code Fee (\$)	
Deposit Account Name Connolly Bove Lodge & Hutz, LLP		Fee Description Fee Paid	
The Commissioner is hereby authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1053 130 1053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
FEE CALCULATION		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
1. BASIC FILING FEE		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Large Entity Small Entity		1251 110 2251 55 Extension for reply within first month 110.00	
Fee Code Fee (\$)	Fee Code Fee (\$)	1252 400 2252 200 Extension for reply within second month	
1001 740 2001 370 Utility filing fee	Fee Description Fee Paid	1253 920 2253 460 Extension for reply within third month	
1002 330 2002 165 Design filing fee		1254 1,440 2254 720 Extension for reply within fourth month	
1003 510 2003 255 Plant filing fee		1255 1,960 2255 980 Extension for reply within fifth month	
1004 740 2004 370 Reissue filing fee		1401 320 2401 160 Notice of Appeal	
1005 160 2005 80 Provisional filing fee		1402 320 2402 160 Filing a brief in support of an appeal	
SUBTOTAL (1) (\$) 0.00		1403 280 2403 140 Request for oral hearing	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
Total Claims -20** = Extra Claims Fee from below Fee Paid		1452 110 2452 55 Petition to revive - unavoidable	
Independent Claims -3** =		1453 1,280 2453 640 Petition to revive - unintentional	
Multiple Dependent		1501 1,280 2501 640 Utility issue fee (or reissue)	
Large Entity Small Entity		1502 460 2502 230 Design issue fee	
Fee Code Fee (\$)	Fee Code Fee (\$)	1503 620 2503 310 Plant issue fee	
1202 18 2202 9 Claims in excess of 20	Fee Description Fee Paid	1460 130 1460 130 Petitions to the Commissioner	
1201 84 2201 42 Independent claims in excess of 3		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1203 280 2203 140 Multiple dependent claim, if not paid		1806 180 1806 180 Submission of Information Disclosure Stmt	
1204 84 2204 42 ** Reissue independent claims over original patent		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1809 740 2809 370 Filing a submission after final rejection (37 CFR 1.129(a))	
SUBTOTAL (2) (\$) 0.00		1810 740 2810 370 For each additional invention to be examined (37CFR 1.129(b))	
**or number previously paid, if greater; For Reissues, see above		1801 740 2801 370 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00	
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Burton A. Amernick	Registration No. (Attorney/Agent)	24,852
Signature		Telephone	(202) 331-7111
		Date	12-27-02

RECEIVED
DEC 31 2002
TC 1700